

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>1228810</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			°		°		°	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		1					54						
5							55						
6		1					56						
7		1					57						
8		1					58						
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13	1						63						
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18							68						
19		1					69						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						